

APPLICATION FOR IDAHO PHYSICAL THERAPY ASSISTANT
(continued)

13. Please attach the name and current address of two persons willing to provide a reference to your moral character.
(This office will contact the person you list. We must receive a response before your application will be processed.)

NAME

MAILING ADDRESS

CITY, STATE, ZIP

NAME

MAILING ADDRESS

CITY, STATE, ZIP

14. Attach a passport photograph of yourself taken within the last 12 months.

HEIGHT _____ WEIGHT _____
EYE COLOR _____ HAIR COLOR _____
OTHER DISTINGUISHING FEATURES _____

**ATTACH
PHOTOGRAPH
HERE**

15. Please attach a copy of your Physical Therapy college diploma.

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided on and attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules and the adopted Code of Ethics governing the practice of Physical Therapy Assistants in Idaho.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying.

I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

Signature of Applicant

(seal)

Notary Public official signature
my commission expires _____

SUPERVISING PHYSICAL THERAPIST INFORMATION AND AFFIDAVIT

Supervisor's Business Name _____

Supervisor's Business Address _____

Daytime phone _(____)_____ **Fax** _(____)_____ **E-mail** _____

I hereby certify under penalty of perjury that I hold an Idaho Physical Therapy license in good standing and that I have not been the subject of discipline by the Idaho Physical Therapy Licensure Board. I further certify that I have read and understand Idaho's Physical Therapy laws and rules, and have knowledge of the Supervision requirements.

Print Supervisor's Name & License Number

Signature of Supervising Appraiser

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

NOTE:

Each licensee who provides you with supervision must complete a Supervising Physical Therapist Affidavit. This page may be copied as necessary if you have more than one supervisor. Attach the completed copies to your application.